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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 851963.413	
FY 2008					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/658,595			Filed September 9, 2003		
For BRIDGE CIRCUIT FOR USE IN RETIMING IN A SEMICONDUCTOR INTEGRATED CIRCUIT					
Art Unit 2111				Examiner Nimesh G. Patel	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small E	ntity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$6	50 \$ <u>120</u>	
	Two months (37 CFR 1.17(a)(2))	\$460	\$2	30 \$	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$5	25 \$	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$8	20 \$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$11	115 \$	
	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
	he Director has already been authorized to charge fees in this application to a Deposit Account.				
X	The Director is hereby authorized to charge the above fees, or credit any overpayment,				
	to Deposit Account Number 19-1090.	umber <u>19-1090</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
x attorney or agent of record. Registration No. <u>59,705</u>					
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
	/Ronald Stern/			April 22, 2008	
	Signature			Date	
	Ronald Stern		2	06-622-4900	
	Typed or printed name	_	Teleph	one Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

\$800.00 Commissions for Patient, Price \$0.00 \$400, \$